SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) 10/019097 CLAIMS AFTER AFTER
1st AMENDMENT 2rd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND DEP. :3 !4 **!**5 ·7 :9 .1 AL TOTAL TOTAL DEP. 2 Nove CLAIMIL **37.**(omay be led for additional scalab ar amundidito HOLD THE THE THE PARTY OF THE P